

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>USW Works</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556274	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Falcon Paymasters</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 13 / 2016</b>		
Mailing Address <b>5933 South Highway 94 Suite 204</b>			Amount <b>2179.20</b>		
City <b>Weldon Spring</b>	State <b>MO</b>	Zip Code <b>63304-5608</b>	Transaction ID : <b>EC0F8244BA9F84E2A8F6</b>		
Purpose of Expenditure Voice over video		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 13 / 2016</b>		
Name of Federal Candidate <b>Kathleen Alana McGinty</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>101060.60</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>JVA CAMPAIGNS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 13 / 2016</b>		
Mailing Address <b>240 N. 5th St. Suite 360</b>			Amount <b>96719.70</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215-2600</b>	Transaction ID : <b>EBBBC4D70DAD3477A82</b>		
Purpose of Expenditure Digital Ad Campaign		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 05 / 2016</b>		
Name of Federal Candidate <b>Kathleen Alana McGinty</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>101060.60</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>98898.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stanley Johnson

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 13 / 2016**

Signature